

SPOT FORECAST REQUEST FORM

Requesting Agency

Name _____

Time _____ Date _____

Phone _____ Fax _____

Name/Location of Fire: _____
(Specify by part of county/location from nearest town)

Size of fire (Acres) _____ Elevation (feet) _____ Exposure _____

Current Weather Observation:

Sky Cover _____ RH(%) _____ Temp _____ Surface Wind _____

Remarks: _____

Forecast and Outlook (Provided by NWS)

Local Time (LST)						
Temperature						
RH(%)						
Sfc. Wind (Mph) (Dir/Speed)						
Prob. of Rain						
Tstm Activity Ex. 1600-1800 LST						

General Outlook: (12-24 hours)

Name of Forecaster _____ Forecast Sent (LST) _____